

REC'D SEP 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29479
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 424
(b) Township Chilhowee Primary Registration District No. 4252
(c) City Chilhowee (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Sprague

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Sprague
Dec 17-1861

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>8</u>	<u>7</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chilhowee
(STATE OR COUNTRY) Mo

FATHER 13. NAME Newton Carpenter
14. BIRTHPLACE (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sara Howerton
16. BIRTHPLACE (CITY OR TOWN) ##
(STATE OR COUNTRY) N.C

17. INFORMANT Edward Carpenter
(ADDRESS) Chilhowee, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter Cem DATE 8-18-1939

19. FUNERAL DIRECTOR (NAME) O. L. Cook
(ADDRESS) Chilhowee, Mo

20. FILED 8-24-39 19 O. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from April 9th, 1939, to Aug 23rd, 1939
I last saw him alive on Aug 23rd, 1939 Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Pericarditis Aneurysm
Date of onset 13
eyes also
n/w

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Blind count Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____, M. D.
(Signed) G. W. Kendall
(Address) Chilhowee Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

51
1
0

3
1

1 X18605

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/6/35

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

O.L.Cook

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

O. L. Cook

Licensed Embalmer No..... 2708

Chilhowee, Mo

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.